

REGIONAL REVIEW TEAM REVIEW FORM
SPECIALIZED FOSTER CARE REQUEST
Michigan Department of Human Services

Child's Name

Case Number

Packet Receipt Information

Request Receipt Information <input type="checkbox"/> Via U.S. Mail <input type="checkbox"/> Fax	Date Request Received by RRT Lead	Name of RRT Lead
Names of RRT Members		
RRT Location	Date E-mail Notice Sent from RRT to Local Office	Private Agency Confirming Receipt of Packet

Child Information

Name	Case Number
County of Placement	Date of Birth

Review Conducted (check all that apply)

<input type="checkbox"/> in person	<input type="checkbox"/> via conference call	<input type="checkbox"/> via video conference
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Required Attachments Included in the Packet

<input type="checkbox"/> Brief Narrative (Description of child's current presenting behaviors which support the scoring on the CANS tool and the service the private agency will be providing to address the presenting behaviors)
<input type="checkbox"/> Age appropriate Child Assessment of Needs and Strengths (CANS) completed no earlier than thirty calendar days prior to the date of the request.
<input type="checkbox"/> Initial Service Plan (ISP) if the child has been in care 30 days or more
<input type="checkbox"/> Most current Updated Service Plan (USP) if the child has been in care 120 days or more
<input type="checkbox"/> Optional: Other documentation that the private provider believes may support their request for Specialized Foster Care Services.

Case Number

Does the specialized foster care request packet provide documentation that supports the scoring on the CANS tool AND identifies what services the private agency provider will provide?		
	YES	NO
Children ages 14 years and older		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 10-13 years		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 4-9 years		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Development	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 0-3 years		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social/Emotional Development and Attachment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Children ages 14 years and older		
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<input type="checkbox"/> Mental Health and Well-being	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 10-13 years		
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<input type="checkbox"/> Education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Development	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 0-3 years		
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<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>



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Disposition of Request

<input type="checkbox"/> Approved	Effective Date	Expires
<input type="checkbox"/> Not approved	Denial Date	
Date E-mail Notification of decision sent to local office and private Agency provider	Date "hard" copy of decision mailed to local office and private Agency provider	

Comments

Signature	Date
Print Name	Date